POLICY AND PROCEDURE

POLICY TITLE: Trauma-Informed Care Policy	**POLICY #:** DSAMH011
PREPARED BY: DHSS/DSAMH Policy Group	**DATE ISSUED:** 08/16/19
RELATED POLICIES:	**REFERENCE:**
DATES REVIEWED: 9/16/22	**DATES REVISED:** 09/14/22
APPROVED BY: DocuSigned by: Joanna Champney 1B71C05196B24CA... 10/17/22 | 11:24 AM PDT	**NOTES:** ☐DSAMH Internal Policy ☒DSAMH Operated Program ☒DSAMH State Providers ☐Delaware Psychiatric Center ☐Targeted Use Policy (Defined in scope)

I. **PURPOSE:**

The purpose of this policy is to outline the factors to be considered when community providers are supporting clients through evidence-based Trauma-Informed Care (TIC) practices.

II. POLICY STATEMENT:

The Division of Substance Abuse and Mental Health (DSAMH) is committed to ensuring that our public behavioral health system is responsive to the impact of trauma on the lives of all Delawareans.

This policy ensures the ongoing development of a trauma-informed system of care by defining expectations for our service providers, promoting the understanding of trauma and its impact, guaranteeing the availability of trauma-specific services for all populations served, and confirming a commitment to the health and safety of all clients and staff. Overall, the purpose is to promote resiliency, health, and wellness for those who have experienced trauma and for their families.

III. DEFINITIONS:

"Sign" means observable characteristics or actions indicative of an underlying condition.

"Symptom" means feelings or sensations a person experiences as a result of an underlying condition.

"Trauma" means an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

"Trauma-Informed Care or TIC" means a model for organizational change in health, behavioral

health, and other settings, which promotes resilience in staff and patients. It is also referred to as Trauma-Informed Approach.

"Trauma-Informed Approach (4 Rs model)" means the model that:

A. realizes the widespread impact of trauma and understands potential paths for recovery;
B. recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
C. responds by fully integrating the principals of a trauma-informed approach into all policies, procedures, and practices;
D. resists re-traumatization of clients and staff, taking steps to avoid inadvertently creating stressful or toxic environments that interfere with the recovery of clients, the wellbeing of staff, or the fulfillment of the organizational mission.

IV. SCOPE: This policy covers any provider that has contracted with DSAMH to provide services, as well as all providers contracted through the PROMISE (Promoting Optimal Mental Health for Individuals through Supports and Empowerment) Home and Community-Based Services (HCBS) waiver program.

V. PROCEDURES/RESPONSIBILITES:

A. **Training**:

1. **All Staff:** At a minimum, all staff will receive on-boarding training and ongoing annual training, as appropriate to agency scope of service and staff scope of work, which promotes and maintains a trauma-informed approach (4 Rs model) that includes but is not limited to the following:
   a. knowledge of the prevalence of trauma in the histories of their service population;
   b. an in-depth understanding of triggers and stigma, including how their actions and language affect both;
   c. awareness of trauma symptoms and presentation;
   d. adoption of trauma-informed culture that maximizes client safety and healing;
   e. practices that reduce likelihood of re-traumatization;
   f. awareness of the causes, signs, symptoms, and methods of addressing secondary and/or vicarious traumatic stress, compassion fatigue, burnout, and development of compassion satisfaction; and
   g. awareness of the resources available for staff self-care and support.

2. **Direct Clinical Treatment Providers:** In addition to above, all direct clinical treatment providers will be trained in the following:
   a. trauma-sensitive use of appropriate, evidence-based screening tools for trauma exposure and related signs and symptoms, based on populations that they serve;
   b. available resources within and outside their organization to support clients who screen positive for trauma;
   c. evidence-based and evidence-informed interventions; and
   d. shared decision-making tools and practices.

B. **Clinical Practices**: Direct clinical treatment providers will:

1. use an evidence-based screening tool to screen all clients for traumatic experiences, signs, and symptoms upon admission and annually, as appropriate;
2. offer and assist with connecting all clients who have a positive screen for trauma to

appropriate resources and treatment modalities;
3. record all assessments, interactions, and interventions in each client's progress notes;
4. develop person-centered treatment plans, in collaboration with individual clients, that clearly reflect all screening and assessment results and planned interventions guided by those results;
5. revise treatment plans regularly based on screening results, assessments, intervention outcomes, and client preference;
6. ensure that all interventions are strengths-based, person-centered, and resiliency-focused, not just focused on the trauma itself; and
7. use evidence-based and evidence-informed practices to provide clients with potential interventions and informed choice treatment, utilizing an empowerment model.

C. **Staff Support**: Staff interfacing with clients who have experienced trauma require appropriate supervision and support that will include but is not limited to:
1. elimination of a power-gradient, creating an open-door policy for staff to receive support without judgement while also maintaining the staff member's privacy;
2. provision of resources within and outside of the organization for self-care and support, which is prominently displayed and easily accessed; and
3. self-care support and supervision for clinical staff is expected to be detailed in the agency organizational plan.

D. **Agency self-assessment**: At minimum, agencies that are providing direct clinical care must review the following annually, as part of their quality assurance protocol:
1. TIC practices and interventions as documented in client charts;
2. critical incident reports for trauma prevalence and potential intervention strategies;
3. documentation of staff education on trauma;
4. documentation of staff support and supervision;
5. documentation of the organization's definition of TIC and how that definition will be carried out, including the actual policies and practices that support implementation and growth of a Trauma-Informed Program; and
6. ongoing national standard changes to ensure adherence of all policies and practices.

VI. POLICY LIFESPAN: This policy will be reviewed annually.

VII. RESOURCES:

A. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach